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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE O Under proper Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/712,805 Application Number 9 2005TŘANSMITTAL Filing Date November 12, 2003 First Named Inventor Paul L. FEINTUCH **FORM** Art Unit 3662 **Examiner Name** Ian J. Lobo for all correspondence after initial filing) Attorney Docket Number 02708.0147.NPUS01 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify below): Extension of Time Request Terminal Disclaimer Issue Fee (PTOL 85B); Return Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name ⊬owrey LLР Signature Printed name Michael J. Bell Reg. No. 39,604 September 29, 2005 Date **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature Date Typed or printed name This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to

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Effective on 12/08/2004.				Complete If Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/712,805			
FEE TRA	ANS	MITTAL	Fi	ling Date	Novemb	er 12, 2003	
		/	到厅	rst Named Inventor	Paul L. F	EINTUCH	
for FY 2005 SEP 2.9 2005				xaminer Name	lan J. Lobo		
Applicant claims small en	tity status.	See 3 CFR 1.27	A COL	rt Unit	3662		
TOTAL AMOUNT OF PAY	MENT	(\$)1,730.00DEMARK	At	torney Docket No.	02708.0	147.NPUS0	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 08-3038 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION						· · ·	
1. BASIC FILING, SEAF	CH, AND	EXAMINATION FEE	S		-		
T.	, , _ , ,		EARCH	I FEES	EXAMINATION FEES		
Augliostica Tomo	·	Small Entity	o (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Application Type Utility	Fee (\$) 300		<u>e (\$)</u> 500	250	200	100	res raid (4)
	200		100	50	130	65	
Design	200		300	150	160	80	
Plant			500	250	600	300	
Reissue	300	100	0	0	0	0	
Provisional	200	100	U	U	U	· -	nall Entity
2. EXCESS CLAIM FEE Fee Description	3					<u>5.</u> Fee (\$)	Fee (\$)
Each claim over 20 (inclu	iding Reis	sues)				50	25
Each independent claim over 3 (including Reissues)							100
Multiple dependent claims							180
Total Claims	Extra Cla		<u>Fees l</u>	Paid (\$)		Multiple Depe Fee (\$)	ndent Claims Fee Paid (\$)
- 20 or HP = HP = highest number of total cla		^				100/47	1001 111 101
Indep. Claims	Extra Cla		Fees I	Paid (\$)			
- 3 or HP =		x =	=				
HP = highest number of indepen	dent claims p	oaid for, if greater than 3		-			
3. APPLICATION SIZE							
If the specification a	nd drawin	gs exceed 100 sheets	of pap	er (excluding electr	onically file	ed sequence or	computer
listings under 37 CF	R 1.52(e))	, the application size	fee du	e is \$250 (\$125 for	small entity) for each addi	tional 50
	reof. See t <mark>ra Sheets</mark>	35 U.S.C. 41(a)(1)(0	j) and each ad	37 CFR 1.16(s). Iditional 50 or fractio	n thereof	Fee (\$)	Fee Paid (\$)
- 100 =	ira Sileets	/50=		nd up to a whole numb		=	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Issue Fee (\$1,400); Publication Fee (\$300); and (10) Copies (\$30,00) \$1,730.00							
SUBMITTED BY	VI	//					
Signature ///	JY	1841		gistration No. 39,604		Telephor	e 202-783-0800
Name (Print/Type) Michae	J. BAII	, , , , , , , , , , , , , , , , , , , ,	- I Aut	omo jirigom)		Date Se	ptember 29, 2005
		CER 1 136. The information	n is requi	red to obtain or retain a h	enefit by the ni		

Inis collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[In complete the process of the complete the completing the form coll 1.900-0109 and select option 2.15]. American Legalt